

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 10/521,051	FILING DATE				
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51					
2								52					
3								53					
4		3-1						54					
5		1-1						55					
6		1-1						56					
7		1-1						57					
8	1	1-1						58					
9		1-1						59					
10	1	1-1						60					
11		1						61					
12		1						62					
13	1	1						63					
14		1						64					
15		1-2						65					
16		2-1						66					
17		1-2						67					
18		1-1						68					
19		1-2						69					
20	1	1-1						70					
21		1-1						71					
22	1	1						72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1	1						TOTAL IND.					
TOTAL DEP.	25	20						TOTAL DEP.					
TOTAL CLAIMS	26	20						TOTAL CLAIMS					